01-08-02

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

Total Pages

FIRST NA	AMED INV	/ENTOR OR APPLICATION IDENTIFIER: Cho et al. IC RATE RESPONSE SENSOR MODE SWITCH	7401.s					
1064 U.S		documents referred to as enclosed therein are being deposited with the Onlice States Fostal Schwoo, in an envision	JC971 10/(
BOX PAT	sioner for P	PLICATION						
X	Sir:	We are transmitting herewith the attached: Application Transmittal						
X	Specific	cation: Total pages: 14 (including claims and abstract: Spec. 12 sheets; Claims 1 sheets; Abstract 1						
X	Drawings:							
		Total sheets: 6 Informal						
		unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and hereby incorporated by reference therein. panying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard	nd is					
IF A CC	NTINUIN	NG APPLICATION:						
		Continuation Divisional Continuation-in-part (CIP) of prior application No/						
		Amend the specification by inserting before the first line the sentence: This application is a continu	uation					
		Cancel in this application original claimsof the prior application before calculating the filing (At least the original independent claim must be retained for filing purposes.)	fee.					
		The prior application is assigned of record to Medtronic, Inc.						
	\Box	The Power of Attorney in the prior application is to:						

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed							
X	Address all future correspondence to:	Beth L. McMahon, Reg. No. 41,987 Medtronic, Inc., MS 301 710 Medtronic Parkway Mailstop LC340 Minneapolis, Minnesota 55432 Telephone: (763) 514-3066 Facsimile: (763) 505-2530						

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	3	20	=	0	x 18	0
Independent Claims	1	3	=	0	x 84	0
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$740.00
					TOTAL	\$740.00

Charge Deposit Account No. 13-2546 the amount of \$740.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

12/31/61 Date

Girma Wolde-Michael, Reg. No. 36,724

MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432

Telephone: (763) 514-6402